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FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S44299** (3)  
1. Corporation Name  
**BUSINESS OWNERS MANAGEMENT SERVICE COMPANY**



Principal Place of Business  
**250 E. PARK AVE.  
LAKE WALES FL 33853**

Mailing Address  
**P.O. BOX 2338  
LAKE WALES FL 33859-2338**

3. Date Incorporated or Qualified  
**04/10/1991**

3a. Date of Last Report  
**02/23/1996**

4. FEI Number  
**59-3061821**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

9. Name and Address of Current Registered Agent  
**~~BUTLER, MICHAEL~~  
~~244 EAST PARK AVENUE~~  
~~LAKE WALES FL 33853~~**

10. Name and Address of New Registered Agent  
81 Name  
**Anthony K. Mathewson**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**250 E. Park Avenue**  
83  
84 City  
**Lake Wales** FL 85 Zip Code  
**33853**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Anthony K. Mathewson* **Anthony K. Mathewson** 1/13/97  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MATHEWSON, ANTHONY K	
STREET ADDRESS	1191 S. LAKESHORE BLVD.	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRIMES, R. MICHAEL	
STREET ADDRESS	807 HILLSIDE AVE.	
CITY - ST - ZIP	LAKE WALES FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MEALEY, RAYMOND R	
STREET ADDRESS	244 EAST PARK AVENUE	
CITY - ST - ZIP	LAKE WALES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	H. Daniel Shaw	
1.3 STREET ADDRESS	244 E. Park Avenue	
1.4 CITY - ST - ZIP	Lake Wales, FL 33853	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anthony K. Mathewson* **Anthony K. Mathewson, President 1/13/97 (800) 989-7515**  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)